CDI Clinical Scenario 7

CLINICAL DOCUMENTATION IMPROVEMENT:

An Introduction Into The Field of CDI

MARSI

MEDICAL AUDIT RESOURCE SERVICES, INC.

Date: 10/13/2015

Patient: **Age:** 58 year(s) **Gender:** female **Date of Birth:**

Referring Physician:

Chief Complaint:
Right big toe

History of Present Illness:
This is very nice 58 year old female here right toe pain. Patient states the toe is black./ She had an infection but now it is gone. She does not have much feeling or much pain in the toe. Patient is a diabetic. Pain can be 4-5 out of 10. Pain comes and goes. The problem with her toes been going on for many months it is somewhat painful nail and there is evidence of redness surrounding the complete necrosis of the toe. The patient is here because she understands that she doesn't need an amputation. She has a history of diabetes and peripheral vascular disease.

Allergies:
contrast dye: unspecified
Fortaz (ceftazidime): unspecified

Current Medications:
Patient has no Current Medications

Past Medical History:
Congestive Heart Failure
Diabetes
Heart Disease
high cholesterol
Hypertension

Past Surgical History:
stent

Family History:
Diabetes
Heart Disease

Social History:
Social History Reviewed
Alcohol - Denies
Caffeine
Children
Drug Use - Denies
Lives at home

Review of Systems:
All other systems reviewed and negative

Physical Examination:
Vitals: HEIGHT / LENGTH: 5' 3"
WEIGHT: 144 lbs 0 oz

Date of Service:

BMI: 25.5
PULSE: 78
B/P Left Arm Sitting 94/58

Constitutional:	Patient is pleasant and in no apparent distress who looks given age.
Respiratory:	Normal respiratory effort
Cardiovascular:	Distal pulses and capillary refill are intact
Skin:	No rashes, lesions, or pressure ulcers.
Psychiatric:	Oriented x 3, age-appropriate affect.

Focused Examination:
GENERAL: The patient is awake, alert, and oriented times three and does not appear depressed
HEAD/NECK: The patient has normal cervical spine motion,symetrical and supple without muscle spasm. ocular movements are normal, without diplopia. Hearing is normal to conversation and Speech is normal .
UPPER EXTREMITIES: The right upper extremity has good shoulder internal and external rotation at the glenohumeral joint without instability. There is normal rotator cuff and deltoid strength. There is no deformity or skin abnormality. The right elbow has good flexion and extension with normal triceps and biceps strength without elbow medial or lateral instability. The left upper extremity has normal shoulder internal and external rotation at the glenohumeral joint without instability. There is normal deltoid and rotator cuff strength. Normal sensation over the deltoid area. There is no shoulder deformity and the skin is without lesion. The left elbow has good flexion and extension with normal biceps and triceps strength without medial or lateral instability. There is normal forearm rotation with normal pronation and supination of the left and right arms. Both hands have good color grip strength and sensation.
SPINE: Normal sagital and coronal alignment without paravertebral muscle spasm.
CHEST: clear with unlabored breathing.
ABDOMEN: Soft without tenderness.
Examination of her right lower extremity reveals that the hip is good internal/external rotation. The thigh is soft the knee has normal range of motion without effusion. The calf is soft examination of foot reveals that there is complete gangrene of the great toe all the way back to the metatarsal pharyngeal joint. There is some surrounding redness. She has weak pulses to the foot. The foot overall however it is warm. On the left side she has normal range of motion at the hip knee and ankle. She does have some healing ulcers on the heel on that side

Studies:

Diagnosis: Gangrene right great toe, diabetes, peripheral vascular disease
E13.52-Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
I73.9-Peripheral vascular disease, unspecified

Plan:
I explained to the patient that she has complete necrosis of the toe with some surrounding erythema consistent with infection although this is been going on for some time I think it is somewhat urgent to proceed with an amputation of the great toe and part of the first ray in order to be able to close this. However we may need to do this in 2 stages because of the acute infection. Her to put her on antibiotics and proceed with surgery the day after tomorrow. Informed consent was obtained no guarantees were given I explained to her the significant risks of higher level amputation suspicion of people in her situation with her history of diabetes and peripheral vascular disease.

Prescription: No data for Prescription

History and Physical Update

☑ No Changes (H&P was reviewed and the patient was examined. No changes have occurred in the patient's condition since the H&P was completed) or

☐ Changes as Follows (H&P was reviewed and the patient was examined. Changes are as noted.):

10/13
Date Time Signature and Title

I

10/19

Patient Name:
FIN:
DOB/Age/Sex
MRN:
Location:
Client Name:
Provider:
Consulting:

Case #:

Collected:
Received:

Deliver to:

Dist

SURGICAL PATHOLOGY REPORT

Diagnosis

Right great toe, amputation -
cutaneous ulceration with acute inflammation and necrosis of soft tissue;
focal acute osteomyelitis;
the surgical margin of resection appears viable and free of osteomyelitis.

Pathologist (Electronic Signature)

HDH 10/21/2015
Performing Location:

Microscopic Examination

Cutaneous ulceration is present with necrosis of the underlying soft tissue. The interface between the necrotic and viable tissue contains a band of neutrophils. The epidermis adjacent to the ulcer is hyperplastic and hyperkeratotic, with focal ischemic changes. Sections of bone show necrosis, regeneration, and acute inflammation, evidence of acute osteomyelitis.

Gross Examination

Received in a container of formalin labeled with the name of the patient and "right great toe" is a 4.8 x 2.8 x 2.6 cm digit resected at the metatarsophalangeal joint. Approximately 85% of the skin surface has a deep green-black gangrenous appearance. This lesion grossly comes within 0.2 cm of the nearest surgical margin on the dorsal aspect. The specimen also has marked skin slippage and the inter-pharyngeal joint is frozen. The surgical margin is inked blue.
Representative sections are submitted in 3 cassettes for microscopic examination.
Block Summary:
A1-surgical margin nearest lesion; A2-sagittal section proximal half (submitted for decal); A3-sagittal section distal half (submitted for decal)

Grossing performed at:

CM /CM

Specimen

Right great toe

Pertinent History

Encounter # M000355067
Preop Diagnosis: None provided
Postop Diagnosis: Gangrenous right great toe
Clinical History: None provided

Authorization is hereby given to dispense the generic or chemical equivalent unless otherwise indicated by the words NO SUBSTITUTE		☐ STAT / NOW

Nurse's signature, date and time orders noted

10/19 11.30 PM

ORTHO

1) Home
2) Walker - NON WB on (R)
3) No Dressing Lt, Keep clean & dry
4) Encourage elevation of foot
5) Script x 2
6) Resume Home Meds

7) f/u c me next Tuesday - Call for Appt.

Noted. 10/19/18 1315

DO NOT USE ABBREVIATIONS LIST: U, IU, QD, QOD, X 0, O X, MS, MSO4, and MgSO

Physician Signature / Date /Time and Printed Name / Credentials must be done with all orders

PHYSICIAN ORDER

Authorization is hereby given to dispense the generic or chemical equivalent unless otherwise indicated by the words NO SUBSTITUTE		☐ STAT / NOW

Nurse's signature, date and time orders noted

10/15 1:45P

ORTHO POST OP

1) To floor VS routine, O_2-2 l NC
2) 2400 Cal ADA diet
3) Bedrest c BRP only c Walker
4) Elevate (R) foot - NONWB
5) PT to see.
6) Reinforce dressing prn
7) Ancef - 1 gm IVP now then 8 x 2 doses
8) Morphine 2-8 mg IVP q 20' prn pain
9) Norco 7.5/325 1-2 tabs q 4h prn
10) Zofran 4 mg IVP q 6h prn
11) Reglan 15 mg PO q 8h prn
12) Resume Home Meds
13) Aspirin - 81 mg PO q day

NOTE: PT NOT IN COMPUTER CPOE 10/15 2P

noted 10/16/15 0210

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Physician Signature / Date /Time and Printed Name / Credentials must be done with all orders

Shift Chart 10/16/15 @ 0210

PHYSICIAN ORDER

PO521 REV 08/15